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          E EYE/CT
L1      600361 S E3+ALL
          E RETINAL VEIN/CT
L2      67750 S E3+ALL
L3      10261 S RETINAL VEIN
L4      1752111 S CONJUNCTIVAL OR CORNEA OR IRIS OR OCULAR OR OPHTHALMOLOGY OR O
L5      306817 S CATHETER
L6      163384 S LUMEN
L7      56441 S CANNULA
L8      2839 S MICROCATHETER
L9      2000857 S L1-4
L10     41 S L9 AND L5 AND L8
L11     0 S L10 AND L6 AND L7
L12     1 S L10 AND L6
L13     142483 S MEDICAL (L) DEVICE
L14     2309 S L9 AND L7
L15     150 S L14 AND L5
L16     308561 S L5 OR L8
L17     7 S RETINAL (2W) VEIN? (2W) OCCLUSIVE
L18     4 DUP REM L17 (3 DUPLICATES REMOVED)
L19     0 S L18 AND L7 AND L16
L20     0 S L16 AND L9 AND L17
L21     2 S RETINAL (2W) VEIN? (5W) LUMEN
L22     15 S L16 AND L9 AND L6 AND L7
L23     11 DUP REM L22 (4 DUPLICATES REMOVED)
L24     154 S L8 AND L9
L25     0 S L24 AND L18 AND L21
L26     74 DUP REM L24 (80 DUPLICATES REMOVED)
L27     52 S L26 AND PY<=2001
L28     100341 S CANNULA?
L29     315 S L28 AND L9 AND L16
L30     7 S L29 AND L8
L31     3 DUP REM L30 (4 DUPLICATES REMOVED)
L32     20 S L31 OR L21 OR L22
L33     16 DUP REM L32 (4 DUPLICATES REMOVED)

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=> d ibib ab 133 tot

L33 ANSWER 1 OF 16 MEDLINE on STN DUPLICATE 1
 ACCESSION NUMBER: 2004293097 MEDLINE
 DOCUMENT NUMBER: PubMed ID: 15194076
 TITLE: Arterial misplacement of large-caliber **cannulas** during jugular vein catheterization: case for surgical management.
 AUTHOR: Shah Pravin M; Babu Sateesh C; Goyal Arun; Mateo Romeo B; Madden Robert E
 CORPORATE SOURCE: Division of Vascular Surgery, Westchester Medical Center, Valhalla, NY, USA.. pravin_shah@nymc.edu
 SOURCE: Journal of the American College of Surgeons, (2004 Jun) Vol. 198, No. 6, pp. 939-44.
 Journal code: 9431305. ISSN: 1072-7515.
 PUB. COUNTRY: United States
 DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
 LANGUAGE: English
 FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
 ENTRY MONTH: 200407
 ENTRY DATE: Entered STN: 20040615
 Last Updated on STN: 20040703
 Entered Medline: 20040702

AB BACKGROUND: Accidental placement of a large sheath or **catheter** in an artery during central venous cannulation, though rare, is a potentially devastating complication. The present study reviews our 14-year experience with this complication to determine appropriate role of surgical management. STUDY DESIGN: Review was conducted of all cases involving patients treated by the vascular surgery service from July 1989 to June 2003 for accidental placement of a large-caliber **cannula** (>or= 7 F) in an artery during catheterization of the jugular vein. Two management techniques were used during this period: removal of **cannula** followed by application of local pressure; and surgical exploration, removal of **cannula** under direct **vision**, and repair of artery. RESULTS: Eleven patients (5 men, 6 women) aged 35 to 73 years (mean age 56 years) were treated for **cannulas** placed accidentally in an artery. In nine patients, the **cannula** entered the carotid artery, and in two patients it entered the subclavian artery. Three patients had undergone placement of 8.5-F sheaths for monitoring cardiac hemodynamics, and 8 patients had triple-lumen **catheters** for fluid infusion or parenteral nutrition. Eight patients (three sheath, five **catheter**) were asymptomatic at the time of **cannula** removal. In three patients, the correct diagnosis was missed initially and infusion was started. All three developed neurologic symptoms. In two patients, the **cannula** (sheath) was pulled and pressure applied. One of them developed a stroke and the other developed a pseudoaneurysm that was treated surgically. Nine patients in whom the sheath or **catheter** was removed by surgical exploration had no new complications related to surgery. CONCLUSIONS: Surgical management seems to be the most effective and safe treatment of arterial misplacement of **cannulas** during jugular vein catheterization. Further study is needed to determine the optimum management of this potentially devastating complication.

L33 ANSWER 2 OF 16 HCAPLUS COPYRIGHT 2006 ACS on STN
 ACCESSION NUMBER: 2004:947794 HCAPLUS
 DOCUMENT NUMBER: 142:233173
 TITLE: **Retinal vein cannulation** with prolonged infusion of tissue plasminogen activator (t-PA) for the treatment of experimental **retinal vein** occlusion in dogs

AUTHOR(S): Tameesh, Mohamed K.; Lakhanpal, Rohit R.; Fujii, Gildo Y.; Javaheri, Michael; Shelley, Terry H.; D'anna, Sam; Barnes, Aaron C.; Margalit, Eyal; Farah, Michel; Juan, Eugene De; Humayun, Mark S.

CORPORATE SOURCE: Doheny Retina Institute, Doheny Eye Institute, Department of Ophthalmology, Keck School of Medicine, University of Southern California, Los Angeles, CA, USA

SOURCE: American Journal of Ophthalmology (2004), 138(5), 829-839
CODEN: AJOPAA; ISSN: 0002-9394

PUBLISHER: Elsevier Inc.

DOCUMENT TYPE: Journal

LANGUAGE: English

AB Purpose: To evaluate the feasibility, safety, and efficacy of local thrombolytic agents directly injected into occluded **retinal veins** in an exptl. animal model. Design: Exptl. animal study. Methods: This exptl. study was performed in two phases. In phase 1, 15 enucleated porcine eyes and 8 in vivo canine eyes were used for the development of the instrumentation and surgical technique required for **retinal vein cannulation** with prolonged intravascular infusion. In phase 2 of this study, exptl. branch **retinal vein** occlusion was photo-chemical created using an i.v. injection of rose bengal followed by diode laser photocoagulation in eight eyes of eight dogs. Four eyes were treated by **retinal vein cannulation** and an injection of tissue plasminogen activator (t-PA) using a specifically designed **microcatheter**, while the remaining four eyes were untreated (control group). The total amount of t-PA injected i.v. ranged from 400 to 1000 µg, infused over a period ranging from 25 to 45 min with a mean pressure of 40 psi, resulting in a mean injection flow rate of 0.05 mL/min. The dogs underwent clin. examination, fluorescein angiog., and histol. examination. Main outcome measures

were: Achievement of prolonged intravascular infusion of t-PA, changes in fundus appearance, fluorescein angiog., and histol. Results: A **microcatheter** instrument and a surgical technique for **retinal vein cannulation** with prolonged intravascular infusion were developed. **Cannulation** and t-PA infusion for a period of at least 30 min was achieved in all four treated eyes with exptl. branch **retinal vein** occlusion. No complications were recorded in all treated eyes. One week and 1 mo postoperatively, treated eyes exhibited marked decreases in retinal hemorrhages, **retinal vein** dilation, and tortuosity, whereas nontreated eyes exhibited persistence of these findings. Fluorescein angiog. demonstrated improved circulatory flow in treated relative to nontreated eyes. Histol. anal. confirmed the presence of thrombi in nontreated eyes only. Conclusions: **Retinal vein cannulation** with prolonged intravascular injection of t-PA is feasible and safe, and this may offer a new treatment option for **retinal vein** occlusion.

REFERENCE COUNT: 30 THERE ARE 30 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L33 ANSWER 3 OF 16 MEDLINE on STN

ACCESSION NUMBER: 2003529023 MEDLINE

DOCUMENT NUMBER: PubMed ID: 14606381

TITLE: [Placement of a double-lumen tube using a 6 mm diameter fibro-bronchoscope and a Cook exchange catheter in a patient with unforeseen tracheal

intubation difficulty].
Colocacion de un tubo de doble luz mediante
fibrobroncoscopio de 6 mm de diametro e intercambiador de
tubos Cook a un paciente con intubacion traqueal dificil no
prevista.

AUTHOR: Villalonga A; Metje M; Torres-Bahi S; Aragones N; Navarro
M; March X
CORPORATE SOURCE: Servicio de Anestesiologia, Reanimacion y Terapeutica del
Dolor, Hospital Universitari Doctor Josep Trueta de Girona,
Avda. Francia, s/n, 17007 Girona.
SOURCE: Revista espanola de anestesiologia y reanimacion, (2002
Apr) Vol. 49, No. 4, pp. 205-8.
Journal code: 0134516. ISSN: 0034-9356.
PUB. COUNTRY: Spain
DOCUMENT TYPE: (CASE REPORTS)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: Spanish
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200401
ENTRY DATE: Entered STN: 20031111
Last Updated on STN: 20040113
Entered Medline: 20040112

AB The trachea of a 74-year-old man undergoing left pneumonectomy could not
be intubated in two attempts after induction of anesthesia with midazolam,
fentanyl, propofol and rocuronium. Difficult intubation had not been
foreseen, but inspection through the laryngoscope revealed Cormack and
Lehane grade IV conditions. Because a small-caliber fiberoptic
bronchoscope was unavailable for intubation with a double-lumen
endobronchial tube, we inserted a Number 9 orotracheal tube with a 6 mm
bronchoscope as far as the left main bronchus. Intubation was aided by a
universal adaptor for fiberoptics with a face mask and a Williams
cannula. We were then able to ventilate the patient manually with
100% oxygen during bronchoscopy. As selective ventilation was required
during surgery, a Number 11 Cook-type airway exchange **catheter** was
inserted into the left main bronchus, the tracheal tube was removed, and
was used to guide a Number 39F left double-lumen endobronchial tube
through the bronchus. Insertion was uncomplicated and selective
ventilation was satisfactory. The technique described is a new
application for the Cook exchange **catheter** that allows selective
bronchial in difficult cases when a small-caliber fiberoptic bronchoscope
is unavailable.

L33 ANSWER 4 OF 16 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
ACCESSION NUMBER: 2003:143595 BIOSIS
DOCUMENT NUMBER: PREV200300143595
TITLE: **Retinal Vein Cannulation** with

Prolonged Infusion of Tissue Plasminogen Activator (t-PA)
for the Treatment of Experimental **Retinal**
Vein Occlusion in Dogs.

AUTHOR(S): Tameesh, M. K. [Reprint Author]; Fujii, G. Y. [Reprint
Author]; Humayun, M. S. [Reprint Author]; Shelley, T.
[Reprint Author]; D'Anna, S. [Reprint Author]; Barnes, A.
[Reprint Author]; Margalit, E. [Reprint Author]; de Juan,
E. [Reprint Author]
CORPORATE SOURCE: Doheny Retina Institute, Doheny Eye Institute, Los Angeles,
CA, USA
SOURCE: ARVO Annual Meeting Abstract Search and Program Planner,
(2002) Vol. 2002, pp. Abstract No. 1874. cd-rom.
Meeting Info.: Annual Meeting of the Association For

Research in Vision and Ophthalmology. Fort Lauderdale, Florida, USA. May 05-10, 2002.

DOCUMENT TYPE: Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)

LANGUAGE: English

ENTRY DATE: Entered STN: 19 Mar 2003
Last Updated on STN: 19 Mar 2003

AB Purpose: To evaluate the feasibility, safety and efficacy of local thrombolytic agents directly injected into the occluded **retinal vein** in an experimental model of **retinal vein** occlusion. Methods: Experimental branch **retinal vein** occlusion was created photo-chemically using intravenous injection of rose bengal followed by diode laser photocoagulation in 6 eyes of 6 dogs. Three eyes were treated by **retinal vein cannulation** and injection of t-PA using a specifically designed **microcatheter** and the remaining 3 eyes were left as an untreated control group. The total amount of t-PA injected intravenously was 1 cc (1 mg/cc) using an average pressure of 40 psi resulting in an average injected flow rate of 0.05 cc/min. Evaluation was performed by clinical examination, fluorescein angiography and histological examination. Main outcome measures: achievement of prolonged intravascular infusion of t-PA, changes in the fundus appearance, fluorescein angiography and histology. Results: **Cannulation** with subsequent infusion of t-PA for a period of at least 30 minutes was achieved in all-3 treated eyes without any complications observed in the follow-up period. One week and one month postoperatively, marked decreases in retinal hemorrhage, **retinal veins** dilatation and tortuosity were noted in all treated eyes. All non-treated eyes presented with persistent retinal hemorrhage, vascular dilation and tortuosity within the same follow-up period. Histologic analysis confirmed the presence of thrombi in non-treated eyes while no thrombi was observed in t-PA treated eyes. Fluorescein angiography demonstrated improved circulatory flow in treated eyes. Conclusion: **Retinal vein cannulation** with prolonged intravascular injection of t-PA is feasible and safe. This surgical technique may offer a new treatment option for patients with **retinal vein** occlusion.

L33 ANSWER 5 OF 16 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
ACCESSION NUMBER: 2001:317780 BIOSIS
DOCUMENT NUMBER: PREV200100317780
TITLE: Feasibility of trans-vitreous lamina cribrosa ("lamina puncture") surgery for central retinal vein occlusion.
AUTHOR(S): Lit, E. S. [Reprint author]; Gotzaridis, E. V. [Reprint author]; D'Amico, D. J. [Reprint author]
CORPORATE SOURCE: Retina Service, Mass Eye and Ear Infirmary, Boston, MA, USA
SOURCE: IOVS, (March 15, 2001) Vol. 42, No. 4, pp. S240. print.
Meeting Info.: Annual Meeting of the Association for Research in Vision and Ophthalmology. Fort Lauderdale, Florida, USA. April 29-May 04, 2001.

DOCUMENT TYPE: Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)

LANGUAGE: English

ENTRY DATE: Entered STN: 4 Jul 2001
Last Updated on STN: 19 Feb 2002

L33 ANSWER 6 OF 16 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
ACCESSION NUMBER: 2001:322497 BIOSIS
DOCUMENT NUMBER: PREV200100322497
TITLE: Retinal arteriovenous crossings in hypertensive subjects:

An anatomical study to elucidate the role in retinal branch vein occlusion.

AUTHOR(S): Khan, J. C. [Reprint author]; Day, T.; Clemett, R. S.
 CORPORATE SOURCE: Ophthalmology, West Norwich Hospital, Norwich, Norfolk, UK
 SOURCE: IOVS, (March 15, 2001) Vol. 42, No. 4, pp. S238. print.
 Meeting Info.: Annual Meeting of the Association for Research in Vision and Ophthalmology. Fort Lauderdale, Florida, USA. April 29-May 04, 2001. Association for Research in Vision and Ophthalmology.

DOCUMENT TYPE: Conference; (Meeting)
 Conference; Abstract; (Meeting Abstract)

LANGUAGE: English
 ENTRY DATE: Entered STN: 4 Jul 2001
 Last Updated on STN: 19 Feb 2002

L33 ANSWER 7 OF 16 MEDLINE on STN
 ACCESSION NUMBER: 1998264757 MEDLINE
 DOCUMENT NUMBER: PubMed ID: 9603594
 TITLE: Considerations in placement of right internal jugular **cannulas**.

AUTHOR: Waters J H; Gimenez K
 CORPORATE SOURCE: Department of Anesthesiology, University of California at Irvine, Orange, USA.
 SOURCE: Journal of clinical anesthesia, (1998 May) Vol. 10, No. 3, pp. 232-4.
 Journal code: 8812166. ISSN: 0952-8180.

PUB. COUNTRY: United States
 DOCUMENT TYPE: (CASE REPORTS)
 Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English
 FILE SEGMENT: Priority Journals
 ENTRY MONTH: 199807
 ENTRY DATE: Entered STN: 19980716
 Last Updated on STN: 19980716
 Entered Medline: 19980709

AB This case report describes a patient who had paroxysmal ventricular bigeminy of an unrecognized etiology. After 24 hours of observation, it was noted that the patient's head position correlated with the bigeminy. A single-lumen infusion **catheter**, which had been placed through an internal jugular **cannula**, was transduced and demonstrated a ventricular pressure waveform. This **catheter** was removed and the ectopy resolved. The factors associated with this arrhythmia are discussed.

L33 ANSWER 8 OF 16 MEDLINE on STN
 ACCESSION NUMBER: 97207735 MEDLINE
 DOCUMENT NUMBER: PubMed ID: 9138541
 TITLE: [EMLA for anesthesia of puncture sites for large **lumen** indwelling venous **catheters** for autologous plasma and erythrocyte concentrate donation].
 EMLA zur Anasthesie der Punktionsstellen für gosslumige Venenverweilkanülen zur autologen Plasma - und Erythrozytenkonzentratspende.

AUTHOR: Gelowicz-Maurer M; Geiger P; Junker K; Kunz C
 CORPORATE SOURCE: Abteilung-Anesthesiologie/Intensivmedizin, Rehabilitationskrankenhaus Ulm.
 SOURCE: Anesthesiologie, Intensivmedizin, Notfallmedizin, Schmerztherapie : AINS, (1997 Jan) Vol. 32, No. 1, pp. 27-9.

JOURNAL code: 9109478. ISSN: 0939-2661.
PUB. COUNTRY: GERMANY: Germany, Federal Republic of
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: German
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199705
ENTRY DATE: Entered STN: 19970514
Last Updated on STN: 19970514
Entered Medline: 19970507

AB OBJECTIVE: The analgetic effect of EMLA-Creme (Lidocaine-Prilocaine-Cream) was studied in 52 patients undergoing preoperative autologous blood and/or plasma donation. METHOD: 95 venous punctures were performed with a 18 G or 16 G **cannula**. Puncture pain was estimated by the patients using a **visual** analog pain score (VAS 0-100). The data were evaluated regarding reaction time, puncture spot and **cannula** diameter. RESULTS: Within 15 minutes we find a clear reduction of puncture pain. The diameter of the **cannula** does not correlate with the pain score. Puncture of hand-back veins seems to be more painful than cubital vein puncture. CONCLUSION: The application of EMLA-Creme results in an effective analgesia for venous puncture. 37% of our patients were punctured without any pain and 67% felt a tolerable pain (VAS: 0-10).

L33 ANSWER 9 OF 16 HCAPLUS COPYRIGHT 2006 ACS on STN

ACCESSION NUMBER: 1992:605057 HCAPLUS
DOCUMENT NUMBER: 117:205057
TITLE: Effect of head and neck position on respiratory mechanics in horses sedated with xylazine
AUTHOR(S): Lavoie, J. P.; Pascoe, J. R.; Kurpershoek, C. J.
CORPORATE SOURCE: Sch. Vet. Med., Univ. California, Davis, CA, 95616, USA
SOURCE: American Journal of Veterinary Research (1992), 53(9), 1652-7
CODEN: AJVRAH; ISSN: 0002-9645
DOCUMENT TYPE: Journal
LANGUAGE: English

AB The authors studied the temporal changes in respiratory mechanics associated with xylazine administration (1.1 mg/kg of body weight, i.v.) in standing horses (experiment 1), and determined the effects of head and neck position (experiment 2) and atropine administration (experiment 3) on the observed changes. Thoroughbred geldings, 3 to 5 yr old (5 in experiment, 1, 4 in expts. 2 and 3) were used. Flow rates were obtained from a pneumotachograph and a differential transducer attached to a tight-fitting mask. Electronic integration of the flow signal gave tidal volume. Total pulmonary pressure (PI) was defined as the difference between esophageal pressure, measured with a balloon sealed to the end of a polyethylene **catheter**, and mask pressure. In experiment 3, a blunt **cannula** positioned in the dorsal third of the eighth or tenth intercostal space was used to estimate transpulmonary pressure. Lateral tracheal pressure was measured, using a polypropylene **catheter** inserted precutaneously in the midextrathoracic tracheal **lumen**. Upper and lower airway pressures were defined as the difference between mask pressure or transpulmonary pressure and lateral tracheal pressure, resp. There was a significant increase in PL from 10 to 40 min after administration of xylazine. Although an overall agreement between head and neck position and PL was detected, the maximal PL value was not always obtained with lowest head and neck position. Lower and upper airway resistance increased with low head carriage, with a greater increase in upper airway resistance resulting in a decrease in lower to total airway resistance

ratio. Increased airway resistance was reversed by elevating the head and neck. Atropine did not prevent the increase in airway resistance with changes in head position.

L33 ANSWER 10 OF 16 MEDLINE on STN
 ACCESSION NUMBER: 92061086 MEDLINE
 DOCUMENT NUMBER: PubMed ID: 1659327
 TITLE: Treatment of malignant gliomas by selective intraarterial infusion chemotherapy with high-dose ACNU and autologous bone marrow transplantation--preliminary report.
 AUTHOR: Nakagawa H; Murasawa A; Taki T; Nakajima S; Niiyama K; Furuta Y; Fujita T; Tsuruzono K; Nakamura H; Shibata H; +
 CORPORATE SOURCE: Dept. of Neurosurgery, Osaka University Medical School.
 SOURCE: Gan to kagaku ryoho. Cancer & chemotherapy, (1991 Nov) Vol. 18, No. 14, pp. 2435-40.
 Journal code: 7810034. ISSN: 0385-0684.
 PUB. COUNTRY: Japan
 DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
 LANGUAGE: Japanese
 FILE SEGMENT: Priority Journals
 ENTRY MONTH: 199112
 ENTRY DATE: Entered STN: 19920124
 Last Updated on STN: 19920124
 Entered Medline: 19911211

AB Six patients with malignant gliomas were treated by selective intracarotid infusion of ACNU at 15 mg/kg (about 600 mg per m2) or 10 mg/kg with or without radiotherapy and rescue of autologous bone marrow transplantation after surgery. These high doses of ACNU were well tolerated if bone marrow rescue was performed and granulocyte colony stimulating factor was used. With the development of **microcatheters** for use in selective intraarterial infusion, it has become possible to **cannulate** the major artery and infuse drugs at high dose into the artery feeding the tumor. The complication of **ocular** toxicity can be avoided by using the Tracker-18 or Balt (Magic) angiographic **catheter**. On the other hand, drug dosage and infusion rate must be chosen carefully, because of the increased likelihood of local arteritis and local necrosis caused by high dosage of ACNU. In the present study, local arteritis or cerebral infarction in the area of the middle cerebral artery was considered to have been prevented by extending the infusion time to 80 minutes. When combined with radiotherapy, 10 mg/kg of ACNU and 80 min. of infusion time were found to be optimal in relation to brain tolerance.

L33 ANSWER 11 OF 16 MEDLINE on STN
 ACCESSION NUMBER: 88026562 MEDLINE
 DOCUMENT NUMBER: PubMed ID: 3311331
 TITLE: Silastic **catheter** separation due to subcutaneous suture.
 AUTHOR: Pace R F; Monaghan M
 CORPORATE SOURCE: Division of General Surgery, Queen's University, Kingston, Ont.
 SOURCE: Canadian journal of surgery. Journal canadien de chirurgie, (1987 Sep) Vol. 30, No. 5, pp. 378-9.
 Journal code: 0372715. ISSN: 0008-428X.
 PUB. COUNTRY: Canada
 DOCUMENT TYPE: (CASE REPORTS)
 Journal; Article; (JOURNAL ARTICLE)
 LANGUAGE: English
 FILE SEGMENT: Priority Journals

ENTRY MONTH: 198711
 ENTRY DATE: Entered STN: 19900305
 Last Updated on STN: 19900305
 Entered Medline: 19871123

AB The development of large-bore, double-lumen Silastic **catheters** for introduction into the superior vena cava has made it possible for patients with renal failure to receive immediate dialysis while awaiting maturation of an arteriovenous fistula. Although infections and thrombotic complications have been well documented, separation of Silastic **cannulas** has seldom been described and is poorly explained. The authors report two such cases. In one the **catheter** was clearly sheared off due to snaring by a subcutaneous suture. In the second case, awareness of the possibility of such a complication allowed the authors to explore the **catheter** at the level of the venotomy. By dividing the suture under direct **vision**, they were able to remove the snared **catheter** before it became transected.

L33 ANSWER 12 OF 16 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN

ACCESSION NUMBER: 1985:240234 BIOSIS
 DOCUMENT NUMBER: PREV198579020230; BA79:20230
 TITLE: FASTING CANINE BILIARY SECRETION AND THE SPHINCTER OF ODDI.
 AUTHOR(S): SCOTT R B [Reprint author]; STRASBERG S M; EL-SHARKAWY T Y; DIAMANT N E
 CORPORATE SOURCE: C/O DR N E DIAMANT, TORONTO WESTERN HOSPITAL, RES WING, ROOM 1212NP, 399 BATHURST ST, TORONTO, ONT M5T 2S8, CAN
 SOURCE: Gastroenterology, (1984) Vol. 87, No. 4, pp. 798-804.
 CODEN: GASTAB. ISSN: 0016-5085.
 DOCUMENT TYPE: Article
 FILE SEGMENT: BA
 LANGUAGE: ENGLISH

AB This study correlates duodenal bile acid delivery with motility of the sphincter of Oddi during the fasting state. Dogs were prepared with a functional cholecystectomy, a duodenal **cannula** for direct **vision** cannulation of the common bile duct, and 12 bipolar electrodes serosally implanted from stomach to terminal ileum. In 1 set of experiments, the bile acid pool was depleted, and during a continuous i.v. infusion of sodium taurocholate (20 μ mol/min), duodenal bile acid delivery was assessed over 6 h by a marker perfusion technique. In other experiments a double-lumen continuously perfused manometry **catheter** was placed to record motility in the bile duct and sphincter of Oddi for a period of 6 h. Station pull-throughs of the sphincter of Oddi were performed in each phase of the migrating motor complex. Bile acid secretion rates fluctuated about the i.v. infusion rate during duodenal phase I and II, peaked in late phase II, and then fell to barely detectable levels during duodenal phase III. There was no peristaltic contractile activity in the common bile duct in any phase of the migrating motor complex. The sphincter of Oddi maintained a baseline pressure above common bile duct pressure. It was highest during phase III. Phasic contractions of the sphincter of Oddi were intermittent during phase I, increasingly frequent during phase II and continuous during duodenal phase II of the migrating motor complex. Contractions were frequently peristaltic. The occurrence and amplitude of phasic peristaltic contractions of the sphincter of Oddi evidently are cyclically coordinated with the fasting intestinal motor pattern (migrating motor complex), and with cyclical variations in the delivery of bile acids into the duodenum. Both resting pressure and phasic contractions of the sphincter appear to play a role in coordinating the cyclic delivery of

bile acids into the duodenum with the migrating motor complex. Intense phasic motor activity appears to impede bile flow and less intense activity allows or facilitates flow.

L33 ANSWER 13 OF 16 MEDLINE on STN DUPLICATE 2
 ACCESSION NUMBER: 84286604 MEDLINE
 DOCUMENT NUMBER: PubMed ID: 6468870
 TITLE: Fasting canine biliary secretion and the sphincter of Oddi.
 AUTHOR: Scott R B; Strasberg S M; El-Sharkawy T Y; Diamant N E
 SOURCE: Gastroenterology, (1984 Oct) Vol. 87, No. 4, pp. 793-804.
 Journal code: 0374630. ISSN: 0016-5085.
 PUB. COUNTRY: United States
 DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
 LANGUAGE: English
 FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
 ENTRY MONTH: 198410
 ENTRY DATE: Entered STN: 19900320
 Last Updated on STN: 19900320
 Entered Medline: 19841012

AB This study correlates duodenal bile acid delivery with motility of the sphincter of Oddi during the fasting state. Dogs were prepared with a functional cholecystectomy, a duodenal **cannula** for direct **vision** cannulation of the common bile duct, and 12 bipolar electrodes serosally implanted from stomach to terminal ileum. In one set of experiments, the bile acid pool was depleted, and during a continuous i.v. infusion of sodium taurocholate (20 mmol/min), duodenal bile acid delivery was assessed over 6 h by a marker perfusion technique. In other experiments, a double-**lumen** continuously perfused manometry **catheter** was placed to record motility in the bile duct and sphincter of Oddi for a period of 6 h. Station pull-throughs of the sphincter of Oddi were performed in each phase of the migrating motor complex. Bile acid secretion rates fluctuated about the i.v. infusion rate during duodenal phase I and II, peaked in late phase II, and then fell to barely detectable levels during duodenal phase III. There was no peristaltic contractile activity in the common bile duct in any phase of the migrating motor complex. The sphincter of Oddi maintained a baseline pressure above common bile duct pressure. It was highest during phase III. Phasic contractions of the sphincter of Oddi were intermittent during phase I, increasingly frequent during phase II, and continuous during duodenal phase III of the migrating motor complex. Contractions were frequently peristaltic. We concluded that the occurrence and amplitude of phasic peristaltic contractions of the sphincter of Oddi are cyclically coordinated with the fasting intestinal motor pattern (migrating motor complex), and with cyclical variations in the delivery of bile acids into the duodenum. Both resting pressure and phasic contractions of the sphincter appear to play a role in coordinating the cyclic delivery of bile acids into the duodenum with the migrating motor complex. Intense phasic motor activity appears to impede bile flow, and less intense activity allows or facilitates flow.

L33 ANSWER 14 OF 16 MEDLINE on STN
 ACCESSION NUMBER: 85019467 MEDLINE
 DOCUMENT NUMBER: PubMed ID: 6485832
 TITLE: Cardiovascular responses to face immersion and apnea during steady state muscle exercise. A heart catheterization study on humans.
 AUTHOR: Bjertnaes L; Hauge A; Kjekshus J; Soyland E
 SOURCE: Acta physiologica Scandinavica, (1984 Apr) Vol. 120, No. 4, pp. 605-12.

Journal code: 0370362. ISSN: 0001-6772.
Report No.: NASA-85019467.

PUB. COUNTRY: Sweden
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals; Space Life Sciences
ENTRY MONTH: 198411
ENTRY DATE: Entered STN: 19900320
Last Updated on STN: 19900320
Entered Medline: 19841121

AB The cardiovascular adjustments to face immersion and apnea (FIA) in human beings during steady-state muscle exercise (163 and 98 watt) have been investigated. Using a triple **lumen** flow directed **catheter** inserted into the pulmonary artery we were able to measure cardiac output (CO) by thermodilution technique, pulmonary arterial pressure (PPA) right atrial pressure (PRA) and left ventricular filling pressure (PAD). Phasic arterial blood pressure (BP) was measured via a **cannula** in the radial artery. A 12 lead ECG was recorded continuously. FIA caused an immediate rise in BP (median 61%), the highest level being 25.33 kPa. CO during the last half of FIA was reduced by 49% (range 46-59, n = 7) systemic vascular resistance increased by median 200% (range 111-280). Myocardial oxygen demand determined by the heart rate pressure double product fell from median 33.6 to 16.8 (163 W) and 28.5 to 19.1 (98 W) given as beats/min X kPa X 10(2). Mean reduction was by 42%. PPA and PRA immediately increased and remained constant until a further pronounced increase was seen towards the end of FIA when pulmonary vascular resistance (PVR) went up. PACO₂ and PAO₂ at the end of 30 sec FIA (163 W) was 10.0 and 5.6 kPa, respectively, values which expectedly would cause pulmonary vasoconstriction. Our findings demonstrate that humans are able to make principally the same cardiovascular adjustments to diving as aquatic mammals, although the response patterns are slower and less efficient. (ABSTRACT TRUNCATED AT 250 WORDS)

L33 ANSWER 15 OF 16 MEDLINE on STN

ACCESSION NUMBER: 83280699 MEDLINE

DOCUMENT NUMBER: PubMed ID: 6349414

TITLE: [Rate of contamination of intravenous indwelling **cannulae** with sideport access].
Kontaminationsrate von Venenverweilkanulen mit
Zuspritzpforte.

AUTHOR: Zinganeli K; Bohme K; Schmitt M

SOURCE: Der Anaesthesist, (1983 Apr) Vol. 32, No. 4, pp. 180-4.

Journal code: 0370525. ISSN: 0003-2417.

PUB. COUNTRY: GERMANY, WEST: Germany, Federal Republic of

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: German

FILE SEGMENT: Priority Journals

ENTRY MONTH: 198309

ENTRY DATE: Entered STN: 19900319

Last Updated on STN: 19900319

Entered Medline: 19830909

AB 136 **cannulae** with valved side injection port were introduced intravenously into patients from the general surgery, urology and dermatological service under clinical routine conditions. The **cannulae** were used from 1 up to 4 days for anaesthesia purposes as well as peri- and postoperative infusion therapy and injection of drugs through the sideport. After use the **cannulae** were removed following an aseptic procedure and examined microbiologically. 37

cannulae (27.2%) were found contaminated, 25 of these (18.3%) with more than 25 colonies. The infusion line (border of the conus, the interior of the conus and the **lumen** of the **cannula**) was 21 times (15.4%), the side injection port 6 times (4.4%) and the intravasal capillary surface 17 times (12.5%) contaminated. Contamination of the **cannula** or of parts of the **cannula** did not correlate well with observed signs of inflammation at the puncture site (45 patients = 33%). If, however, the contamination of the **cannula** is considered to be an infection risk, the addition of a side injection port to such a **cannula** does not increase the risk of infection. This risk is much greater via the infusion line.

L33 ANSWER 16 OF 16 MEDLINE on STN DUPLICATE 3
 ACCESSION NUMBER: 85039395 MEDLINE
 DOCUMENT NUMBER: PubMed ID: 6679905
 TITLE: Clinical indication of digital subtraction angiography.
 AUTHOR: Fujii K; Koga I; Yamada H; Hiraishi T; Harashima H; Mikami F
 SOURCE: Radiation medicine, (1983 Apr-Jun) Vol. 1, No. 2, pp. 121-8.
 Journal code: 8412264. ISSN: 0288-2043.
 PUB. COUNTRY: Japan
 DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
 LANGUAGE: English
 FILE SEGMENT: Priority Journals
 ENTRY MONTH: 198412
 ENTRY DATE: Entered STN: 19900320
 Last Updated on STN: 19900320
 Entered Medline: 19841219

AB Intravenous subtraction angiography with Technicare DR 960 has been performed in the Department of Diagnostic Radiology and Nuclear Medicine, National Medical Center Hospital. All procedures are based on the non-invasive technique, i.e. with 5 cm length and 19 G. of **cannula** to the ante-cubital vein, and small amount of contrast material of half ml per kg of body weight kg as maximum dosage for pediatric patients. Image quality was evaluated by **visual** classification such as excellent, good, fair and poor. Among 335 procedures, 303 cases have brought useful diagnostic informations. 156 cases were excellent and good (47%). There were several specialized informations which might be worthwhile for DSA evaluation, i.e. 1. overlapping images, 2. static dynamic images, 3. density controlled image analysis, 4. three vessel visualized images and 5. well demarcated tumor images of extremities. Since the halo image around the true **lumen** of aneurysma suggested the outline of the false **lumen**, this phenomena might indicate the aneurysmal wall thickness. Poor risk patients and outpatients have been selected as our DSA candidates. The patient who is indicated for **catheter** technique angiogram were not examined by DSA.

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L1 600361 SEA E3+ALL
 L2 67750 SEA E3+ALL
 L3 10261 SEA RETINAL VEIN
 L4 1752111 SEA CONJUNCTIVAL OR CORNEA OR IRIS OR OCULAR OR OPHTHALMOLOGY
 OR OPTIC OR PUPIL OR RETINA OR SCLEARAL OR SIGHT OR VISION OR
 VISUAL
 L7 56441 SEA CANNULA
 L9 2000857 SEA (L1 OR L2 OR L3 OR L4)

L28 100341 SEA CANNULA?
 L34 1006727 SEA SCAFFOLD? OR HAND
 L37 86 SEA L34 AND L7 AND L9 AND L28
 L38 55 DUP REM L37 (31 DUPLICATES REMOVED)
 L39 1 SEA L38 AND SCAFFOLD?

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L39 ANSWER 1 OF 1 HCAPLUS COPYRIGHT 2006 ACS on STN
 ACCESSION NUMBER: 2005:1103496 HCAPLUS
 DOCUMENT NUMBER: 143:380919
 TITLE: Pyrodictium abyssi polynucleotide and polypeptide
 sequences for **cannulae** fusion proteins and
 methods for their production and use
 INVENTOR(S): Barton, Nelson R.; O'Donoghue, Eileen; Short, Ryan;
 Frey, Gerhard; Weiner, David; Robertson, Dan E.;
 Briggs, Steven; Zorner, Paul
 PATENT ASSIGNEE(S): Diversa Corporation, USA
 SOURCE: PCT Int. Appl., 149 pp.
 CODEN: PIXXD2
 DOCUMENT TYPE: Patent
 LANGUAGE: English
 FAMILY ACC. NUM. COUNT: 1
 PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2005094543	A2	20051013	WO 2005-US9927	20050324
WO 2005094543	A3	20060119		
W:	AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SM, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW			
RW:	BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LT, LU, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG			

PRIORITY APPLN. INFO.: US 2004-556393P P 20040324
 US 2004-605192P P 20040827

AB The invention provides chimeric **cannulae** polypeptides comprising thermostable **cannulae** proteins CanA-CanE from Pyrodictium abyssi. The invention further comprises **cannulae** nanotubules and methods for making and using them. In one aspect, the invention provides compns. and methods for the identification, separation or synthesis of proteins or ligands using **cannulae** fusion proteins. In one aspect, the invention provides compns. and methods for making and using nanotubules. In one aspect, the invention provides compns. and methods for the selection and purification of chiral compns. from racemic mixts. In one aspect, the chimeric proteins and polymers (e.g., nanotubules, tubules, bundles, balls, fibers, filaments, sheets, threads, textiles) of the invention comprise a detectable moiety, e.g., a fluorescent protein. In one aspect, the invention provides a flame retardant or heat resistant device comprising a sheeting, a covering, a coating or an adhesive comprising a chimeric protein of the invention. The invention further claims use of **cannulae** fusion products in pharmaceutical

compns., including vaccines, drug-targeting compns., and carbohydrate-based anti-thrombotic agents, and in medical devices such as tissue **scaffolds**, implants, stents, catheters, or dressings. The examples describe purification of recombinant CanA, CanB, and CanC proteins from Escherichia coli and production of CanA protein polymers or polymer fibers in the presence of calcium chloride and magnesium chloride salts with yield of about 1 g polymer (dry weight)/119 g Escherichia coli. In addition, nanotubules assembled from a CanA-GFP fusion protein were visualized with a confocal microscope using an argon laser.